

## Feature

Should social workers know more about obesity? After all, they are already expected to keep their skills up-to-date in numerous areas, and obesity is a medical and a nutritional issue, isn't it? Well, obesity is a question of nutrition and it does have medical dimensions, yet it is much more than that and all relevant actors are called upon to contribute to the anti-obesity agenda. This article will show why obesity is a social work issue, as well as a challenge for the medical profession.

The starting point has to be what we actually mean by the term 'obesity'. According to the World Health Organisation (WHO), 'overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health', with obesity being the more serious version of being overweight. Both are expressed in terms of Body Mass Index (BMI) [see box, top of p21].

### Crude

Other, less crude measurement methods may supplement a BMI reading, such as waist circumference or skin-fold counting, yet BMI remains a handy and easily understandable tool. In the US, the National Heart, Lung, and Blood Institute has made a simple BMI calculator available on its website ([www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi)), because it believes all Americans should regularly calculate their own BMI. People with a BMI of between 25 and 29.9 are considered overweight and those over 30 are considered obese [see box, bottom of p21]. Obesity is considered especially critical to individual health, public health systems and productivity.

Most industrialised countries now have an anti-obesity agenda, with developing countries likely to follow suit in future. Obesity is considered an epidemic by the WHO – the UN institution charged with monitoring health trends globally and in Europe – and some believe it is much worse than this, with an editorial in the *British Medical Journal* (November 2006) suggesting that it is now moving from an epidemic to a pandemic. This has led public authorities in the EU and the US to adopt a number of policy documents in recent years, all of which stress the need for more inter-agency, inter-sector and inter-professional co-operation. Business as usual cannot be expected to break the curve and reverse a dangerous trend.

It is easy to believe that obesity can be defined solely as a medical and a nutritional issue, yet this is a gross simplification. Obesity depends on numerous factors and even the biological causes show some inconsistencies. Obesity is not culturally and socially constructed but it is culturally and socially



# Why social work can't ignore obesity

**Jacob Kornbeck highlights why rising levels of obesity in society are an issue that social work needs to grapple with urgently if it is to support often vulnerable people in making decisions in the best interests of their health, and the health of their families. It is the first of a two-part series of articles on this topic, as next month PSW will feature a contribution from a leading UK social work academic, offering advice for practitioners on how to support those people in need.**

differentiated. This brings us into a terrain where social workers should feel very much at home.

Interestingly, there is evidence that many Europeans consumed more sugar and fat in the 1950s than today (see chapter by Parisi, in Brettschneider & Naul, *Obesity in Europe*, 2007) but during recent decades, opportunities for energy expenditure via

physical work, active commuting, sport and physical activity, including outdoor games, have declined steadily. If children are driven to school, instead of walking the same distance, and if school breaks are spent sending and receiving text messages rather than playing, this must have implications for energy expenditure. A few hours of PE at school, ideally augmented by one or two

hours in a sports club outside of school, cannot be expected to redress the balance. Fit and healthy children often play electronic games, but they also do other things. What is needed is a diverse and balanced lifestyle, and this applies to all age groups.

There is a need to reintroduce physical activity into our daily lives, as exercise appears to be more decisive for life expectancy than simply being overweight, a point emphasised by Sui, *et al* (*Journal of the American Medical Association*, 2007). There are examples of people with a high BMI but who are relatively active and fit, yet the secondary effects of obesity – diabetes and metabolic syndrome, for example – remain a threat. Psychological factors are important, too: a study by Crum & Langer (*Psychological Science*, 2007) on hotel cleaners indicated that even a belief in the effects of exercise may yield a positive result.

Social workers will find themselves increasingly confronted by the issue, with reports from Spain and the UK suggesting that unhealthy lifestyles are already impacting on critical decisions about removing children from their families. Can overfeeding really be cited as a risk factor motivating a care order? In November 2008, it was revealed that a six-year-old Derby boy had been taken into care because he was overweight. In a BBC online news story, it was stated: 'It is the first time obesity has been listed by social services in the city as one of the reasons for taking a child away from its family.' This case was discussed extensively during 2007 and 2008 but the care order was finally confirmed on the grounds that the boy's health would be put gravely at risk if he were to remain with his family – although a council official did insist that, "Being overweight would not be the determining factor in taking any child into local authority care."

To the possible consolation of the UK colleagues, a similar case was reported in Spain in 2007, involving a ten-year-old boy weighing 100kg (220lb). A Reuters TV clip provided a heart-breaking interview with his grandparents, with the grandmother

commenting: "They shouldn't do this to us. The boy is ours because we raised him." She and her husband had looked after the boy since his mother died from anorexia. Social services had been alerted by the boy's school and underlined that "this is a temporary measure", with the grandparents free to visit the boy.

These stories raise many questions about the proportionality and appropriateness of the measures taken, such as:

- Is there really a need to protect children that is analogous to protection from abuse or neglect?
- Couldn't a community-based solution, involving parental guidance, be found?
- Couldn't an individual action plan be set up involving external partners not representing social services (or any statutory service), but rather the organisations of civil society, such as local sports clubs?
- By taking the kind of measures referred to above, do we not risk a scenario where a happy obese child is turned into an unhappy, though more slender child?

### Drastic

The drastic measures taken in England and Spain might be panic reactions to a novel situation, yet they reveal an urgent need for social workers to be prepared for such challenges. It cannot be overlooked that because obesity is over-represented in under-favoured populations (in educational, cultural and economic terms), often centred on minority groups, care orders involving obesity risk adding extra stress and pain to people who are already powerless and who already find it difficult to speak up against oppression. Yet there can be no doubt that measures must be taken in certain cases.

As discussed already, physical activity is crucial to restoring balance to people's health. In turn, prescribing a specific activity may be less intrusive than care orders, counselling or therapy. Sporting and cultural organisations offering physical activity tend to have a positive image among the population – especially among the most under-served, who may have low expectations of receiving anything positive from social services.

In working with people to address this challenge, it is important to resist what might be called the 'therapeutic temptation'. In the very first obesity article to appear in a prominent German social work journal, I was appalled to find this kind of thinking (Schmid & Bojack, in *Theorie und Praxis der Sozialen Arbeit*, 2008). Only two types of explanation were offered: a lack of parenting skills and various types of dysfunction, ranging from neglect to sexual abuse. It

**Lambert Adolphe Quetelet (1796-1874), a Belgian mathematician, developed the Body Mass Index (also called the Quetelet Index)**

The formula for calculating the Quetelet Index is as follows:

$$QI = \frac{\text{weight in kilograms}}{\text{height in metres}^2}$$

In non-metric measurements, the formula becomes:

$$QI = \frac{(\text{weight in pounds}) \times 703}{\text{height in inches}^2}$$

Source: [www.famousbelgians.net/quetelet.htm](http://www.famousbelgians.net/quetelet.htm)

became clear that the authors viewed obesity as solely a nutritional issue or an eating disorder – in either case suggesting a pathological aspect. There was no mention of the type of research explored in this article. As we begin our efforts to tackle this pandemic, this cannot be the point of departure. Given the often marginalised status of many of the people in question, and taking into account the statutory powers vested in social services, as evidenced by the stories from the UK and Spain, there is reason to fear the potentially great injustices that could be perpetrated.

It is true that 'if your only tool is a hammer, every problem looks like a nail'. In practical terms, this means that in looking to support those people in need, we require a bigger toolbox with a wider choice of tools. This is why social workers need to know more about obesity. Issues for urgent consideration include whether post-qualifying training is needed or whether the curriculum of the degree programme should be reviewed in light of this fast emerging agenda.

The purpose of this article, however, has been to show that there is a need for social workers to know more about what has, hitherto, not been perceived as a social work issue.

### BMI Categories

- Underweight = less than 18.5
- Normal weight = 18.5-24.9
- Overweight = 25-29.9
- Obesity = BMI of 30 or greater

For more details, visit the website of the National Heart, Lung, and Blood Institute in the US – [www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi)



The author, Jacob Kornbeck, pictured, is a civil servant in the European Commission (Sport Unit, Desk

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